

Analyzing Issues, Leading Change:



Mental Health Advisory Council

Report to the Minister

(1998-1999)

December 1999

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December 1999

Honourable Judy Junor
Associate Minister of Health
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Ms Junor:

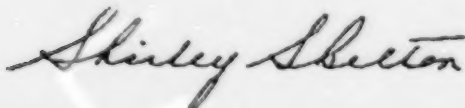
The Mental Health Advisory Council (MHAC) is pleased to present our Annual Report for the fiscal year 1998-99.

Our group has worked together to examine the concerns discussed in the report from a wide perspective reflecting the varied backgrounds of our members. In doing so, we have come to appreciate the many challenges of our stakeholders, whether they be related to mental illness, economics, geography or any other factor.

We recognize and are pleased to see the spirit of cooperation and unanimity that has emerged amongst Council members. We want to make a difference! We want to see better strategies in place to relieve the pain that results when mental health problems arise.

It is in this spirit that we present the work of our previous year and look forward to focusing on our priority areas for the coming year.

Yours truly,

A handwritten signature in cursive script, reading "Shirley Skelton".

Shirley Skelton
Chairperson
Mental Health Advisory Council

MENTAL HEALTH ADVISORY COUNCIL REPORT TO THE MINISTER (1998-99)

Introduction

The following report will convey the composition and activities of the Saskatchewan Mental Health Advisory Council (MHAC) for 1998-99.

Purpose of the Mental Health Advisory Council

The Saskatchewan Mental Health Advisory Council advises the Minister and senior officials in Saskatchewan Health on policies, programs, priorities and resources aimed at meeting the mental health needs of the people of Saskatchewan. The Council also has the responsibility to monitor and review progress towards meeting established objectives.

Tasks of the Council

The Saskatchewan Mental Health Advisory Council will meet at least four times each year, two of which will be with the Minister, in order to undertake the following:

Policy Issues

Receive briefs and submissions concerning mental health issues, services and target groups.

Recommend policies which would help to meet identified needs, problems, concerns and issues.

Planning Activities

Recommend strategies to meet the identified needs, problems, concerns and issues related to mental health in Saskatchewan.

Recommend new program initiatives to meet emerging needs and/or to take advantage of existing opportunities.

Contribute ideas and suggestions to the annual strategic plan and budget for mental health services in Saskatchewan.

Advise on a communications strategy that would promote awareness of good mental health in the province.

Communication

Consult with stakeholders on mental health issues and report back on the activities of the Council.

Communication with the public and the Minister would seek to objectively weigh needs and assign priority from an overview perspective, rather than as an advocate for any one particular group.

Evaluation

Receive program and financial reports on the operation of mental health services in Saskatchewan.

Provide advice on a communications strategy that would promote awareness of mental health issues in the province.

Monitor and evaluate services in relation to existing needs and aspirations in Saskatchewan.

Review progress toward meeting established objectives.

Council Membership

There are currently fourteen members on Council. These members represent a broad range of geographic areas and perspectives from across the province.

The Terms of Reference of Council allow all members to serve for two consecutive three-year terms. Meetings are held on a quarterly basis.

The Minister of Health appoints a Chairperson to serve for a one-year term from the members on Council. No person remains in this position for more than three consecutive years. Shirley Skelton was recently appointed for a third term as Chairperson and Sherryl Mydonick to her third term as Vice-Chairperson.

A complete listing of members and biographies can be found in Appendix A of this report.



The Work of the MHAC in 1998-99: Issues and Recommendations

The Council continued to work over the past year to assess the mental health needs of Saskatchewan people and provide recommendations to the Minister of Health to address those needs. In 1998-99, vital issues were identified and recommendations made to the Minister of Health. Subcommittees worked specifically on two issues: Aboriginal and Northern issues and Concurrent Disorders.

Issues and Recommendations to the Minister of Health

The Saskatchewan Department of Justice *Report on the Abuse of Adults in Vulnerable Circumstances* was completed in December, 1997. The Mental Health Advisory Council supports and endorses the recommendations of the Report, particularly as they relate to persons with mental illness. Council contributed to the broader discussion on vulnerable adults by forwarding the issues and recommendations identified below to the Minister of Health.

- **Stigma**

The lack of awareness regarding mental illness contributes to the stigma that allows abuse to continue against vulnerable persons.

- ***Recommendation***

Council recommends that human services departments partner with the many community organizations who know the problems related to stigma and abuse and are poised to provide the needed education in a cost-effective way.

- **The Care and Basic Needs of the Mentally Ill**

Council has voiced similar concerns regarding the care and basic needs of the mentally ill. There are remote and sparsely serviced areas in the province where mentally ill persons are particularly vulnerable to neglect and abuse. But, there is also abuse in some of the best-served areas.

- ***Recommendation***

We recommend the completion of needs assessments in all regions. We also recommend that Saskatchewan Health then work with health boards to help them determine and adhere to acceptable standards for the care of the mentally ill.

- **Guardianship – “Emergency Power of Attorney”**

Several recommendations in the report have to do with guardianship that have value in particular circumstances. One gap is the need for protection of individuals who have a mental illness that interferes with their decision-making for short periods of time. Often at this time their financial security may be compromised and even permanently damaged. This situation results in harm not only to the individual and his/her family, but also to our society who may be required to provide the basics of life from that point on.

- ***Recommendation***

Council recommends an “Emergency Power of Attorney” which could be implemented for a short period of time in collaboration with an individual’s physician or psychiatrist and could influence both care and financial needs. During a time of stability, a person with a mental illness could voluntarily provide written consent to a trusted relative, friend or professional of his or her choosing. This person could be authorized to look after the personal and financial affairs and even to provide consent for medical treatment on the individual’s behalf when he or she becomes temporarily incapacitated. The care provider could also be pre-approved and listed in a central registry. This idea could be a solution to the episodic nature of mental illness which many Public Trustees are ill-trained to manage.

- **Incarcerated Mentally Ill**

A significant number of those who are incarcerated have mental illness. Often the mental illness is complicated by substance abuse and once incarcerated, appropriate care is often not provided for various reasons including the ill person’s lack of insight and consent, as well as stigma. Institutions have few trained staff to work with the mentally ill. Furthermore, there is limited follow-up in the community when the person’s time is complete.

- ***Recommendation***

Council recommends that gaps in mental health services within the corrections system be addressed. Partnerships with community-based organizations like the John Howard Society, the Elizabeth Fry Society, the Schizophrenia Society and the Canadian Mental Health Association should be encouraged to develop solutions to address this issue.



Items Discussed in 1998-99 Included:

- ***Acute Psychiatric Facilities***

Council toured Saskatchewan Hospital North Battleford (SHNB) and the psychiatric units at Saskatoon City and Royal University Hospitals in Saskatoon. The quality of the space provided for the acutely ill as well as the range of services available were discussed by Council following these tours. Members were impressed by programs at SHNB, though they discussed concerns with the building including lack of privacy in some wards. The physical space at Saskatoon City Hospital was found to be exceptional, while that of Royal University Hospital was substandard. The need for acute care facilities to enhance and maintain links to community services was underlined by MHAC during its deliberations on facility issues. As well, Council expressed its concern that in some settings, psychiatric units are housed in significantly less appealing space than medical wards. MHAC members noted that may reflect the stigma attached to mental illness directly within the health system.

- ***Best Practices***

Council reviewed results of a national mental health sector review including a Best Practices document produced by the provinces and the Government of Canada. Examples were taken from programs and practices across the country and current literature. MHAC will be utilizing this document in 1999-00 to compare some of its information to the Saskatchewan experience outlined in the *Mental Health Services Review, 1997-98* which will be distributed by Saskatchewan Health in September, 1999.

- ***Inner-City Mentally Ill***

MHAC discussed issues related to this vulnerable population including welfare rates, homelessness, money management, nutrition, smoking, employment and the need for meaningful activities. Council will continue to deliberate on these issues in 1999-2000.

- ***Supply of Psychiatrists***

The lack of psychiatrists, particularly specialized to work with children or concurrently disordered persons, was discussed. It was noted that even international searches fail to locate successful candidates, a situation that will continue to worsen with changes in licensing by the Royal College of Physicians and Surgeons.

Concurrent Disorders

Council worked with the Alcohol and Drug Abuse Advisory Council (ADAAC) to discuss persons who are concurrently disordered with a mental disorder and a substance abuse problem or addiction. This began with a joint meeting and educational session during the fall of 1998 and led to the development of a subcommittee of ADAAC and MHAC members. Council work on this issue will continue through 1999-2000 as the joint subcommittee will deliberate on a range of issues. These issues include stigma within the public and among service providers, a lack of knowledge regarding substance abuse and mental disorder issues and the need for more specialized services. The ADAAC/MHAC Concurrent Disorder Subcommittee will also discuss appropriate responses to these issues.

Aboriginal and Northern Issues

A subcommittee of the MHAC worked throughout 1998-99 to produce a document reviewing the unique mental health issues of the Aboriginal and Northern populations, as well as possible gaps in service. This document, along with recommendations for the Minister of Health, will be submitted in the fall of 1999.



Links Fostered Between Mental Health Stakeholders and the MHAC in 1998-99

The North and First Nations

Presentations were made on issues in the North by employees of the Lac La Ronge Indian Band, the Meadow Lake Tribal Council and Saskatchewan Health. The severity of mental health problems as well as issues of stigma, cultural diversity and isolation were underlined in the Council discussions which followed. New approaches and potential for success afforded by new service agreements and initiatives fostered by various levels of government and First Nations bands were praised.

Saskatchewan Alcohol and Drug Abuse Advisory Council (ADAAC)

MHAC joined with ADAAC to discuss concurrent disorder issues in 1998-99. As both Councils are linked to a broad range of clients who are dually diagnosed, directly or through the community of service providers, MHAC and ADAAC struck a Concurrent Disorder Subcommittee which will continue deliberations and prepare recommendations for the Minister of Health in 1999-2000.

Children's Advocate Office (CAO)

Council continued to work on the mental health issues of children and youth by deliberating on the preliminary findings of a review of children in custody as young offenders or in foster care with Saskatchewan Social Services. A presentation was made by Deborah Parker-Loewen of the Children's Advocate Office. Council discussed the range of issues affecting the mental health of children (including Aboriginal children who are overrepresented in these systems). Conditions with family and community bonds, crowding, violence, isolation and possible gaps in service were discussed. Council will continue to review these issues in 1999-2000 with a view to developing appropriate responses.



Priority Areas for 1999-00 (Workplan)

Council has identified a number of priority areas they would like to review in the upcoming year. They include the following:

- provide report to the Minister on Aboriginal and Northern Mental Health Issues;
- compare best practices issues and documents produced by the Federal/Provincial Mental Health Advisory Committee with results from the *Mental Health Services Review, 1997-98* released by Saskatchewan Health in September, 1999;
- gather and review information on inner-city mentally ill;
- review issues and discuss possible responses to the unique mental health issues of children and youth in young offender facilities and foster care in Saskatchewan;
- continue work on concurrent disorders;
- examine issues and potential changes related to seniors' mental health within the province's long-term and home care systems.



Profile of Seniors' Mental Health Issues: In Honour of the International Year of Older Persons 1999

Across Canada, demographic transition leading to a growing population over the age of 65 has influenced policy change and led to analysis of how expansion in this population may impact health services in the future. Segments of the elderly population that reside in supportive care institutions and utilize home care are also expanding. In recent years, service providers have been expressing concern over higher levels of acuity, including mental health concerns, experienced by seniors in the community and long-term care.

A Health and Welfare Canada document titled, *Mental Health Problems Among Canada's Seniors* (1991), profiled the seniors' population and projected its future needs. For example, they estimated that those obtaining services for mental health concerns would expand from 800,000 persons per year in 1991 to one million per annum in 2001. Dementia is a major and particular mental health issue affecting those over 65 years of age. The seniors' population affected by dementia was projected to increase from 3.2 to 4 million persons. Cases of dementia vary significantly from mild to severe. Moderate cases were estimated at about 3% of the senior's population residing in the community and severe at about 1% of that population. Another health issue impacting on seniors is depression. Persons affected by depression were estimated to increase from 3.2 to 4 million between 1991 and 2001 in Canada. Given the disproportionate impact of physical decline and bereavement among the elderly, an increase in the number of individuals with more serious forms of depression is likely.

Alzheimer's is the most common form of dementia. The current Saskatchewan population diagnosed with this disease is estimated to include 15,000 persons. This population is projected to triple by 2030. As the disease itself progresses and reduces the functioning of individuals, their needs escalate placing greater burdens on their families, the community and service providers. In addition to those seniors suffering from dementia and depression, service providers in Saskatchewan have reflected on the increasing average age of those suffering from mental illnesses such as schizophrenia. Issues of poverty, isolation and stigma remain as this group ages. In addition, the difficulties experienced in providing care to these individuals will increase as they age.

At present, work by government and community organizations is being done regarding seniors' mental health issues. For example, Saskatchewan Health and the health districts are working on care issues including the use of medications and restraints in supportive care settings, as well as elder abuse by care providers, peers and family members in community and institutional settings. These issues will be considered by the Mental Health Advisory Council over the next year.

Appendix A- Council Membership for 1998-99

Council members for the term 1998-99 were as follows:

Shirley Skelton - Mrs. Shirley Skelton is a retired registered nurse with family members who suffer from depression and schizophrenia. She is a member of the Saskatoon Mental Health Advisory Committee; Vice-President of the provincial board of the Schizophrenia Society, Secretary of the national board of SSC and a member of the Central Saskatchewan Mental Health Rehabilitation Coordinating Council. She is also involved on the planning committees of two conferences related to mental health issues.

Anita Jackson - Ms Jackson is on education leave from her position as the Director of Northern Native Addictions Program, La Ronge Indian Band. Previously, Ms Jackson was involved as a volunteer with the La Ronge Battered Women's Shelter and the La Ronge Friendship Centre.

Ms Jackson was appointed to Council March 15, 1994, and her term was renewed for another three years in February, 1997. She represents Northern Saskatchewan residents and is interested in issues related to drugs and alcohol and family violence.

Dr. Robin Menzies - Dr. Menzies resigned effective November 1998. Dr. Menzies is a psychiatrist in private practice and a Clinical Assistant Professor in Psychiatry at Royal University Hospital where he does undergraduate and postgraduate teaching in general and forensic psychiatry. Dr. Menzies has conducted research in the area of dangerousness and mental disorder and criminal responsibility.

Sherryl Mydonick - Currently, Ms Mydonick is employed with the Orcadia Youth Centre in Yorkton. Her educational background is in intervention (Suicide Intervention Trainer and Non-Violent Crisis Intervention). Currently she is working towards a degree in social work. Ms Mydonick has knowledge of First Nations culture and traditions and is fluent in Dakota (Sioux). In 1995, Ms Mydonick was appointed to the East Central Health District Board.

Dr. K.V. Ramachandran - Dr. Ramachandran holds a specialist qualification in psychiatry from the United Kingdom. He has been practising psychiatry since 1976. He has worked in England as well as Ontario before moving to his current position at Saskatchewan Hospital in 1990. In addition to his administrative functions, he provides clinical psychiatry services to the Forensic Program and Psychiatric Rehabilitation program at the hospital. His current professional interests include rehabilitation psychiatry, forensic psychiatry, schizophrenia, substance abuse disorders, community psychiatry and use of computers in psychiatric practice.

Marion Solberg - Ms Solberg is a retired nurse with 30 years of experience in the health care field in various areas of acute care hospitals. She is a past member of the Rolling Hills Health Board. Ms Solberg has served in many managerial positions in her profession and district. She also represents consumer interest in the system as she has raised a daughter with what appeared to be FAS-FAE who was later diagnosed as an adult with a metabolic genetic disorder which has been very successfully treated since.

Marcia Mirasty - Ms Mirasty is an employee of the Meadow Lake Tribal Council Health and Social Development Office. She has a Bachelor of Arts (Honours) degree and a certificate in Indian Community Career Counselling with the Saskatchewan Indian Federated College (SIFC). She is

familiar with First Nation and tribal council politics and health and social development issues. She has been a member of the Midwifery Advisory Committee for Saskatchewan Health, and is currently a Northwest Health Board member. Ms Mirasty is a Canoe Lake First Nation member, currently residing on the Flying Dust First Nation. Ms Mirasty's areas of interest include: addressing wellness issues; community planning and development; and exploring the integration of programs and services to best meet the needs of First Nations people.

Alice Waldie - Ms Waldie has been a professional educator since 1969. She has extensive experience as a classroom and special education teacher, consultant, supervisor of student services, vice principal and currently principal at St. Francis School. As well, she has been an assistant professor (Educational Psychology and Special Education). Ms Waldie has a personal and professional interest in appropriate mental health services for children and youth. She is a member of the Regina Health District's Mental Health Advisory Committee.

Nancy Masuskapoe - Ms Masuskapoe brings the perspective of a professional Aboriginal woman with a continuous commitment to ongoing education. She also brings the experience of a person with a family member who has been diagnosed with schizophrenia. Ms Masuskapoe has a social work background. Ms Masuskapoe has worked in northern Saskatchewan.

Helene Dorsch - Ms Dorsch graduated from the Saskatchewan Hospital Weyburn in 1962. She received her RPNAS (SPNA) registration and worked as a senior nurse and nurse III at the Weyburn Psychiatric Centre, then Weyburn Mental Health Centre for 22 years. In 1984, she relocated to Moosomin as a CMHN. She has lobbied for changes in *The Mental Health Services Act*, integration, coordination and accessibility of mental health services. She is presently serving a second term as a member of the Pipestone District Health Board.

Rose Morris - Ms Morris is a psychiatric nurse and has worked in acute psychiatry at Royal University Hospital and Community Mental Health, Crisis Management Service in Saskatoon. She is the Past President of the Canadian Mental Health Association in Saskatchewan and represents Saskatchewan on the National Board of the CMHA. Ms Morris has served on a subcommittee of the Mental Health Advisory Council. Currently, she is the Executive Director of the Saskatoon Friendship Inn, a soup kitchen providing meals and social programs to people living in poverty in Saskatoon's inner city.

Harland Magneson - Mr. Magneson is presently employed as a Full Professor at the University of Regina, Faculty of Social Work. He has developed and taught various social work classes. He has published several reports and made numerous conference presentations. Mr. Magneson belongs to a number of professional and faculty committees and associations.

Dave Elliott - Mr. Elliott is a self-employed insurance salesperson and financial planner in Regina since 1984. He has been active in mental health issues all of his adult life. He is currently the President of the Depression and Manic Depression Support Cooperative of Regina. Mr. Elliott is married to Susan Fricker-Elliott and have three long-term foster children. Mr. Elliott has a Bachelor of Arts in English and History from the University of Alberta (1976).

David Surjik - Mr. Surjik served on the Consumer Advisory Committee of the Canadian Mental Health Association. He was also a board member for two years of the New Horizon's Dance Board. Mr. Surjik was instrumental in getting changes to SGI regulations for persons disabled with schizophrenia who wish to hold a driver's licence.

Appendix B – Summary of Expenditures

	1997-98	1998-99	1999-00
Honorarium	\$5,335	4,283	3,800
Professional/Technical Services	---	110	---
Duplication	---	---	---
Travel for non-government employees	463	2,549	1,050
Travel for Council Members	7,436	6,746	2,600
Business Expenses and Room Rental	---	271	900
Total	13,234	13,959	8,350

Appendix C – Presentation Guidelines for Community Interest Groups

Requests may be made to MHAC for meeting agenda time to make either verbal or written presentations to the Council. These presentations are an opportunity for interest groups and individuals to bring issues before the Council, and an opportunity for the Council to receive information/education regarding specific issues.

Written Presentations:

1. Send your written request and presentation outline to:

Karen Gibbons
Saskatchewan Health
Community Care Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Telephone: (306) 787-3236
Fax: (306) 787-7095

2. Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. Council response will be provided within forty-five (45) days of presentation.
3. Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters involvement with the issue and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Personal Presentations:

1. As in Written Presentations #1.
2. Applications will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.
3. Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council and allow ten (10) minutes for questions, for a total of twenty (20) minutes.